

**PROCEDURES FOR COMPLETING SWEAT PATCH
CHAIN OF CUSTODY FORMS AND SWEAT PATCH LOGS
FOR U.S. PROBATION/PRETRIAL OFFICE**

APPLICATION

1. Complete the left side (application) of the patch chain of custody form
Be sure to enter the date the patch is being **APPLIED**
Both observer and donor **MUST** initial



Drugs of Abuse Sweat Patch | by PharmChem, Inc.
855-458-4100
2411 E. Loop 820 N., Fort Worth, TX 76118
**CHAIN OF CUSTODY FOR
ANALYSIS OF PHARMCHEK®**

RESULTS NAME AND ADDRESS		
1	FEDERAL PROBATION OFFICE 400 E. NINTH ST., # 4510 KANSAS CITY, MO 64106	
2	DRUG Testing Inc - KC	
PHARMCHEK® APPLICATION		
3	Donor Name: John Doe	
	Donor ID: 12345	
	Observer Name: Mary Smith	
4	PHARMCHEK® No. B000012345	
5	Date PHARMCHEK® Applied 9-1-18	6 Observer's Initials MS
		7 Donor's Initials JD
TESTS ORDERED		
8	<input type="checkbox"/> Full 5 Drug Panel	
TREATMENT STATUS / REASON FOR SPECIMEN		
9	<input type="checkbox"/> 01 Random	<input type="checkbox"/> 02 Probable Cause
	<input type="checkbox"/> 03 Retest	<input type="checkbox"/> 04 Medical
	<input type="checkbox"/> 05 In Treatment	<input type="checkbox"/> 06 Pre-Trial
	<input type="checkbox"/> 07 Surveillance (No Treatment)	<input type="checkbox"/> 08 Other: _____

- Fill out Sweat Patch Log for Probation/Pretrial Office
 Enter Vendor Location/Site
 Enter PACTS ID #
 Enter the client's name
 Enter the date the patch was **APPLIED**
 Enter the PHARMCHEK # printed on the outside of the sweat patch
 Place one of the barcode stickers from the chain of custody form for the patch **APPLIED**
 in the Specimen Barcode No. column

**POST CONVICTION
SWEAT PATCH LOG**

Vendor Location/Site: DRUG Testing Inc - KC

U.S. Probation and Pretrial Services Office
 Kansas City, Missouri

Fax to 816-512-1313 OR scan and email to: mow_drugtests@mow.uscourts.gov EACH DAY

PACTS ID #	OFFENDER NAME	SPECIMEN BARCODE NO.	DATE/TIME APPLIED	DATE/TIME REMOVED	MARK OCCURRENCES	
					PATCH COMPROMISED Y/N - Briefly Explain	Was UA taken?
12345	John Doe	 761071852	9-1-18			
PHARMCHEK # 30000123456						

OB COM 10 Observer's Signature _____ 21 Observer's Signature _____

22 Specimen Bag



26 SECURITY SEAL

BARCODE

23



24



25



- Apply the patch per established procedure
- File the chain of custody form and Sweat Patch Log until client returns for removal

FAX or SCAN AND EMAIL TO PROBATION/PRETRIAL OFFICE

REMOVAL

- 1. Retrieve the chain of custody form and Sweat Patch Log started at the time of application
Fill out the right side of the chain of custody form
Be sure to enter the date the patch is being **REMOVED**
Both donor and observer must initial

Question 16 MUST BE ANSWERED with a Yes or a No

And if YES is checked, describe how/why it is compromised

REMINDER: A patch worn more than 7 days is considered compromised

FEDERAL PROBATION		
Specimen No.	 761071852	
Account No.	100470101	
PHARMCHEK® REMOVAL		
11 Date Removed	12 Observer's Initials	13 Donor's Initials
9-8-18	MS	JD
PHARMCHEK® USE INFORMATION		
14 If donor did not complete wear period, did PHARMCHEK®		
<input type="checkbox"/> Fall Off <input type="checkbox"/> Was Taken Off: <input type="checkbox"/> By Staff <input type="checkbox"/> By Donor		
PHARMCHEK® location on body <u>right arm</u>		
15 Why was it removed?		
<input type="checkbox"/> Skin Irritation <input type="checkbox"/> Started to come off		
<input checked="" type="checkbox"/> Other: <u>7-DAYS</u>		
16 Did PHARMCHEK® appear to be tampered with or compromised?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, how: _____		
COMMENTS		
17		
LAST USE QUESTIONNAIRE - Since the last time I reported:		
18 Name of Medications Used During PHARMCHEK® Wear		
<u>Adderal</u>		
19 Dates Used		
<u>daily</u>		
DONOR COMPLETES		
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form.		
20 Donor's Signature or Initials <u>John Doe</u>		
OBSERVER'S CERTIFICATION AT PHARMCHEK® REMOVAL		
I certify that I removed PHARMCHEK® identified by PHARMCHEK® Number on this form in accordance with the required procedures. I certify that I applied the numbered security seal and barcode label to the specimen bag in the Donor's presence. I have verified that the specimen number on the form, the barcode label and security seal are identical.		
21 Observer's Signature <u>Mary Smith</u>		

- Complete the Sweat Patch Log with **REMOVAL** information for the patch previously applied. Enter removal date. **Be sure to always enter the removal information, even if you start a new page for the next application.**

Indicate with a Yes or No if the patch is compromised and brief description
(if patch is compromised or late a UA should be collected as well)

Indicate Yes or No if U/A is also taken (if UA is collected, complete the UA and BAT log)

**POST CONVICTION
SWEAT PATCH LOG**

Vendor Location/Site: Drug Testing Inc - KC

U.S. Probation and Pretrial Services Office
Kansas City, Missouri

Fax to 816-512-1313 OR scan and email to: mow_drugtests@mow.uscourts.gov EACH DAY

PACTS ID #	OFFENDER NAME	SPECIMEN BARCODE NO.	DATE/TIME APPLIED	DATE/TIME REMOVED	MARK OCCURRENCES	
					PATCH COMPROMISED Y/N Briefly Explain	Was UA taken?
12345	John Doe	 761071852	9-1-18	9-8-18	Yes exposed to air	Y
PHARMCHEK # B0000123456						

- Remove the patch and prepare for mailing per established procedures

4. If a new patch is applied, complete the application information as shown in previous steps

**POST CONVICTION
SWEAT PATCH LOG**

Vendor Location/Site: Drug Testing Inc - KC

U.S. Probation and Pretrial Services Office
Kansas City, Missouri

Fax to 816-512-1313 OR scan and email to: mow_drugtests@mow.uscourts.gov EACH DAY

PACTS ID #	OFFENDER NAME	SPECIMEN BARCODE NO.	DATE/TIME APPLIED	DATE/TIME REMOVED	MARK OCCURRENCES	
					PATCH COMPROMISED Y/N – Briefly Explain	Was UA taken?
12345	John Doe	 761071852	9-1-18	9-8-18	Yes exposed to air	Y
PHARMCHEK # B0000123451						
12345	John Doe	 761071853	9-8-18			
PHARMCHEK # B0000123457						

ALWAYS SEND THE TESTING LOGS TO THE PROBATION/PRETRIAL OFFICE EACH TIME A CLIENT REPORTS FOR APPLICATION OR REMOVAL.

IF A CLIENT WAS SCHEDULED TO REPORT FOR PATCH CHANGE, BUT DID NOT DO SO, PLEASE COMPLETE A NOTICE OF NO-SHOW/STALL AND SEND TO PROBATION/PRETRIAL OFFICE.

IT IS THE RESPONSIBILITY OF THE AGENCY TO INFORM THE PROBATION/PRETRIAL OFFICE OF DRUG TESTING NO-SHOWS.

ALL LOGS ARE TO BE FAXED TO THE PROBATION/PRETRIAL OFFICE AT:

816-512-1313

OR

SCANNED AND EMAILED TO:

mow_drugtests@mow.uscourts.gov